



Challenge TB - Bangladesh

Year 2

Quarterly Monitoring Report

October-December 2015

Submission date: January 30, 2016

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Cover photo:

Successful contact investigation with a vulnerable tea garden worker's family in Sylhet tea gardens by HEED, sub grantee. (Credit: Zakia Sidique)

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ACRONYMS

ACF	Active Case Finding
ADR	Adverse Drug Reactions
ACSM	Advocacy, Communication and Social Mobilization
APA	Annual plan of activity
BADAS	Bangladesh Diabetes Association
BPA	Bangladesh Pediatric Association
BRAC	Bangladesh Rural Advancement Committee
BEPZA	Bangladesh Export Processing Zones Authority
BIRDEM	Bangladesh Institute of Research on Diabetes, Endocrine and Metabolic Disorders
cPMDT	Community based programmatic management of drug resistant tuberculosis
CCM	Country Coordinating Mechanism
CDC	Chest Disease Clinic
CDH	Chest Disease Hospital
CTB	Challenge TB
CWCH	Centre for Woman and Child Health
DF	Damien Foundation
DGHS	Directorate General, Health Services
DOT	Directly Observed Treatment
DQA	Data quality assurance
DR TB	Drug Resistant TB
DST	Drug Susceptibility Testing
FAST	Finding TB cases Actively, Separating safely and Treating effectively
EQA	External Quality Assessment
GFATM/GF	Global Fund for AIDS, TB and Malaria
HRD	Human resources development
Icddr,b	International Centre for Diarrhoeal Disease Research, Bangladesh
IPT	Isoniazid Preventive Therapy
ISTC	International Standards of TB Care
KNCV	KNCV Tuberculosis Foundation
LAMB	Lutheran Aid for Medicine in Bangladesh
LED	Light emitting diode
LQMS	Laboratory Quality Management system
LPA	Line probe Assay
M&E	Monitoring and evaluation
MDR-TB	Multi-drug resistant tuberculosis
MOHFW	Ministry of Health and Family Welfare
MoU	Memorandum of Understanding
MSH	Management Sciences for Health
NFM	New Funding Model
NHSDP	NGO Health Service delivery program
NIDCH	National Institute of Diseases of the Chest & Hospital (NIDCH)
NTBLC	National TB Laboratory Committee
NTP	National Tuberculosis Program
NTRL	National Tuberculosis Reference Laboratory
OR	Operational Research
PM	Program Manager
PMDT	Programmatic management of drug resistant tuberculosis
PPM	Public-Private Mix
RFP	Request for proposal
RTRL	Regional Tuberculosis Reference Laboratory
SMC	Social marketing company
SOP	Standard Operating Procedure
STTA	Short-Term Technical assistance
TB	Tuberculosis

TLCA	TB Leprosy Control Assistant
ToR	Terms of References
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
ZN	Ziehl-Neelsen

1. Quarterly Overview

Country	Bangladesh
Lead Partner	MSH
Other partners	KNCV
Work-plan timeframe	October 2015 – September 2016
Reporting period	October - December 2015

Most significant achievements: *(Max 5 achievements)*

In Q1 (October – December 2015), Challenge TB (CTB) conducted a full inventory of the **status of the 39 GeneXpert machines in-country**. CTB, in collaboration with the NTP and Cepheid, undertook field visits to assess the condition of these machines and took steps to ensure their functionality. During these visits, the team held an advocacy meeting with the local implementers and health officials to further ensure local support to the program moving forward. At the beginning of the Q1, out of total 39 machines, 10 were completely non-functional; this number decreased to three by the end of the quarter (located at Chankarpol CDC-Dhaka, CDC-Jessore and BSMMU, Dhaka). As of December 31, 2015, there are now 36 machines that are functional due to CTB intervention. Moreover, six GeneXpert machines were calibrated, and 14 modules were replaced altogether. At the beginning of the quarter, there were 43 non-functioning modules; the remaining 29 module failures will be addressed before the end of June 2016 subject to shipment of modules from Cepheid International. CTB also provided technical support services that included; calibration, maintenance services, UPS replacement, and module replacements. CTB, together with Cepheid, opened a case for getting the Chankarpool machine fully functional as soon as possible. For the remaining two machines, CTB will conduct a field visit to these sites and open new cases with Cepheid services to get them up and running again. Onsite orientation on basic maintenance of GeneXpert machines, advocacy to national and local authorities on the importance of regular and timely maintenance of GeneXpert machines, and the actual calibration or replacement of non-functional modules were done.

As a way to increase the quality implementation of microscopy **EQA** and in continuation of the trainings conducted in APA1, CTB conducted the final trainings (35 staff) for EQA coordinators, first controllers and second controllers, on EQA for TB microscopy laboratories. CTB has now successfully trained all relevant staff of 40 EQA Centers. They are now fully equipped with necessary knowledge and skills to further strengthening the EQA network. This should contribute to an increase in the follow up smear positivity rate, and the detection of higher amount of low positive smear cases, which are missed significantly in the current system.

Dedicated working groups, composed of focal persons in NTP and relevant stakeholder representatives, for each desired theme are essential to ensure that agendas move forward. As such, CTB provided technical assistance to facilitate the formation of the **PPM working group**, which is a major step in building up a robust PPM mechanism. Since the private sector is the point of first contact for a majority of patients, well-organized PPM initiatives can pave the way for early diagnosis and prompt treatment of TB patients. A PPM working group was formed at a meeting of the National TB-PPM working committee held on November 22, 2015, where this committee also was reorganized. The PPM working group has been created to accelerate the PPM activities in country and consists of PPM focal person, NTP and Advisor, GFATM MDR-TB national consultant as well as PPM representatives from BRAC, DF, WHO, CTB, Icddr,b and BPA. PPM committee will focus on policies and interaction with higher authorities and the PPM WG is more action-oriented. The ToR of the working group includes pursuing all recommendations made by the National PPM committee and the formulation of a draft of the national PPM strategic and operational plan. The PPM working group will liaise with partners and professional bodies for follow up of the implementation of the PPM activities incorporated in the PPM plan. Additionally, this group has been delegated for the operationalization of mandatory notification as a task force. Following the landscape assessment for mandatory notification by IRD, CTB will provide further technical assistance to the NTP for the piloting of mandatory notification including the use of an electronic application to facilitate the notification process for private providers.

Also, CTB has completed all necessary steps for the formation of the **ACSM working group** by December 31, 2015. The ACSM working group will provide vital guidance for the coordinated implementation of the ACSM Strategy. Stronger advocacy will help overcome the limited funding provided by GOB. It will also create awareness among policymakers about steps required to implement the END-TB strategy. Bolder ACSM

initiatives will be imperative in order to bring about community engagement and attract attention towards patient's rights. The group includes the Deputy Director-MBDC & Program Manager (Chair), ACSM focal person-NTP, National Program Consultant & Advisor-GFATM & MDR-TB, as well as representatives from BRAC, DF, WHO, CTB, icddr,b and BPA. It will be responsible for assessment of ACSM needs and formulation, review and dissemination of ACSM Materials. The group will pursue all recommendations made by the National ACSM committee and contribute to formulation and review National ACSM strategies. It will also maintain regular liaison with partners for implementation of the ACSM activities and assessment of effectiveness of ongoing ACSM activities. Formal approval of the ACSM group by the NTP is scheduled on January 04, 2016.

Childhood TB has become a priority globally. CTB with the technical support of pediatricians under the BPA, the leading professional society for pediatricians in the country, conducted two training workshops in November, 2015 for doctors belonging to the NGOs working under the umbrella of NHSDP, a USAID funded consortium in Dhaka City. A total of 39 doctors (M=5, F=34) were trained. This fulfilled an important need, since doctors from this network were not included in the previous round of trainings conducted by BPA in 2014. NHSDP provides MCH care through 38 clinics and this training will enhance the capacity of their doctors to identify and treat children with TB more effectively and efficiently. The majority of female physician attending the training is attributable to the fact that these doctors are involved in MCH, a specialty that particularly draws female clinicians, and supported by the increasing number of females graduating from medical school in Bangladesh. It will also contribute to the improvement of the urban TB scenario since a good number of patients attending NHSDP clinics belong to the urban poor. Three doctors from Khulna Shishu Hospital, a specialized hospital for children in Southern Bangladesh also participated in this training which for them, was the very first relating to TB.

Adequate history taking is a fundamental approach to ensure proper diagnosis and management for TB patients. The NTP previously circulated a short 'History Taking Guide' for service providers in 2014. However, this was not fully utilized by the providers. CTB provided support to the NTP to evaluate the existing "History Taking Guide" and to develop a more effective, **user-friendly, short "History Taking Tool."** In coordination with NTP, a stakeholder workshop attended by 17 participants (M=13, F=4) was conducted in November 2015 to develop a draft history taking tool. This was later finalized and approved by the NTP in coordination and collaboration with stakeholders in December, 2015. This initiative will help to facilitate timely proper diagnosis of TB patients and putting them on correct treatment regimen. This will also provide guidance to the service care providers to identify and refer eligible TB cases to the DST facilities as presumptive DR TB cases, which will in turn potentially further increase detection of DR TB cases. The tool is being used at the 4 pilot sites where GeneXpert testing for all smear positive patients has been introduced. This piloting has been approved by the PMDT committee with assistance from CTB.

Technical/administrative challenges and actions to overcome them:

Sylhet Containerized Laboratory

The establishment of an electricity substation to ensure that adequate power is available at all times for the containerized laboratory is one the crucial pre-requisites for the installation and operationalization of the laboratory. A formal commitment from the GoB to provide and ensure the continuous power supply needed to support the facility is essential. Repeated advocacy has been conducted with the NTP by the project. Revised cost estimates have been facilitated by CTB and submitted to NTP. There has been a regular follow-up by CTB of the process of approval by the Ministry of Health and Family Welfare (MOHFW) through the Directorate General of Health Services (DGHS) by the NTP. This remains a challenge and is reason for the continued delays to finalizing installation and operationalization of the laboratory.

In the meanwhile, CTB is continuing its efforts through local advocacy to the Divisional Director, Health and Civil Surgeons for the strengthening of local infrastructure in preparation of the installation of the laboratory in Sylhet. The project has already recruited one Laboratory Coordinator in December 2015, who will facilitate the installation of the containerized laboratory in addition to his work providing technical support to laboratory services in the Sylhet area.

GeneXpert Functionality

There are still 30 module failures to be addressed. CTB conducted several field visits and found poor documentation/recording of vital information related to GeneXpert machine such as installation dates, warranty expiration dates and case opening report. Prospectively, the project Laboratory Advisor also contacted Cepheid international to validate some information i.e. expiration of warranties, case number of the module failures, etc. This is an ongoing and regular process now and the database is being updated between Cepheid International, Cepheid local partner agency, and CTB in collaboration with the NTP.

CTB Project Registration with the NGO Affairs Bureau

CTB project registration with the NGO Affairs Bureau continues to be challenging. CTB has submitted all requirements as of December 1, 2015. The project hopes to receive its project registration by mid-January 2016. This is crucial as CTB is not allowed to pay its grantees until the project registration is issued, alongside the award registration of all eligible sub-grantees. As of end of Q1, 2 of 8 CTB sub-grantees (Nari Maitree and LAMB) have received their award registration and are now eligible to receive funds from MSH. Two of 8 sub-grantees, BPA and CWCH, were subsumed under the project as they are not NGOs.

Recruitment of Essential HR needs

Another challenge of the project was to expedite the recruitment of all essential personnel according to the organogram illustrated in the approved APA2 work plan. The following staff have been recruited as of December 31, 2015: a) mHealth Advisor (1), b) M&E Advisor (1), c) Medical Officer for DR TB (1), d) MIS Assistant for DR TB (1), e) Laboratory Coordinators (3), f) Grant Assistant and h) Administrative Assistant (1).

The remaining positions will be filled up in Quarter 2: a) PPM Advisor (1), b) Technical Field Coordination Manager (1), c) Laboratory Strengthening Officer (1), d) Communication Officer (1) and e) Administrative Assistant (1).

Security Issue

Due to the increased security alert in Bangladesh during this reporting period, especially in Dhaka City, a decision was made to shift Q1 STTA visits in-country to Q2. Special approval was given for Reid Hamel, STTA consultant for M&E, as a comprehensive assessment of the project M&E system had to be done with the project's M&E Advisor, who resigned in October 2015.

Social Support for DR TB patients and DOT providers at community

CTB has taken over the responsibility of providing DR TB social support for 19 districts and 4 City Corporations of Bangladesh from July, 2015 onwards. In September 2015, the project developed a policy for providing proper guidance to the CTB Field Staff in the provision of social support to the enrolled DR TB patients and DOT providers. The project experienced some challenges while implementing the support activity relative to the established policy guidelines. The allocated expense for doing ancillary monitoring investigations especially for admitted patients was found insufficient for a number of patients. Considering the situation, the project reviewed the policy and adjusted particular inner limits without changing the total cost and addressing certain realities on the ground i.e. various tests to be done per guidelines, and in line with program mandate, and subsequently re-issued in November, 2015. The remedial action was found acceptable. By the end of Q1 the project has provided support to 776 patients and 741 DOT providers.

Low Detection of MDR TB

Despite significant efforts, MDR-TB case detection in Bangladesh has remained significantly below the national target for several years. Reasons include the following: 1) Low number of presumptive DR TB cases identified and referred at community level for diagnosis, 2) Weak history taking mechanism and lack of tools, 3) Low follow up positivity rate in microscopy centers, 4) Nonfunctional GeneXpert machines, 4) Low coverage of GeneXpert machines across the country, 5) Low utilization of existing GeneXpert machines.

To address this, CTB assisted the NTP in the following: 1) As of December, 2015, restored the functionality of 7 GeneXpert machines within the quarter, 2) The NTP adopted a new policy to send sputum samples of all smear Positive cases to GeneXpert sites. As a part of the policy 4 districts have been selected to implement the policy on a pilot basis, 3) Providing for courier service to send sputum samples to diagnostic sites, 4) The issuance of a circular by the NTP to utilize nearby Xpert sites if one is found nonfunctional, 5) Organize a sensitization workshop in Chittagong Division in Q2 where all district managers and partners will be invited to

sensitize them on the need to increase referral of presumptive DR TB cases to the diagnostic sites, 6)
Providing airtime to GeneXpert sites for immediate feedback of results to patients and the referring provider.

2. Year 2 activity progress

Sub-objective 1. Enabling environment1. Enabling environment1. Enabling environment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Develop strategic plan for country-wide implementation of PPM	1.1.1	Review old PPM guidelines & provide input to WHO-led revision	- Draft PPM strategic plan. - Finalize the PPM strategic plan			Review was not yet done. CTB will participate in the review when this activity is initiated by WHO in their upcoming biennium (Jan' 16 – Dec' 17).	Not met	Review depends on schedule of WHO
Design and pilot mandatory notification system including Electronic Application	1.1.2	- Form mandatory notification task force. - Explore best mechanisms for	- Form mandatory notification task force.			- End November, 2015 PPM WG revived at meeting to include 9 members. The meeting also resolved that the Task force members will be part of the same Working Group members, in order to keep the group small and efficient. - Initial discussion with IRD done in December' 2015. A draft SoW was	Met	- PPM WG revived. - USAID mission concurrence for engaging IRD and their scope of work received.

Sub-objective 1. Enabling environment1. Enabling environment1. Enabling environment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
		notification and engagement.	<ul style="list-style-type: none"> - Review related work done by IRD. - Assess potential expansion of model/system, and/or design a strengthened mandatory notification system 	<ul style="list-style-type: none"> - Review related work done by IRD. - Assess potential expansion of model/system, and/or design a strengthened mandatory notification system. 	<ul style="list-style-type: none"> - Review related work done by IRD. - Assess potential expansion of model/system, and/or design a strengthened mandatory notification system. - Pilot mandatory notification system in Dhaka 	formulated and agreed upon.		Communication with IRD regarding STTA ongoing. STTA scheduled in Q2.
Design, print & launch ISTC posters for private providers	1.1.3	<ul style="list-style-type: none"> - Formulate ISTC poster as job aid in Bangladeshi context. - Print & launch ISTC posters 				<ul style="list-style-type: none"> - Sensitization done on importance of ISTC as job aid in recently revived PPM WG and next steps were determined. - Printing and launching not done. 	Partially met	Decision made in PPM WG that a small ISTC job aid (booklet) would be designed for PPs instead of poster and to consult the development of the ISTC job aid with professional bodies such as Bangladesh Lung Foundation, Chest and Heart Association etc.

Sub-objective 1. Enabling environment1. Enabling environment1. Enabling environment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Engage private pharmacies in DOTS in urban areas	1.1.5	<ul style="list-style-type: none"> - Assess current existing collaboration systems with pharmacies, focusing on the Blue Star network of SMC, in BD. - Consultation workshop with pharmacies, key NGOs and NTP. 	Develop orientation & training module, or the enhancement thereof.	Implement the expansion of the pharmacy initiative in selected	Implement the expansion of the pharmacy initiative in selected areas of	<ul style="list-style-type: none"> - Meeting held with Social Marketing Corporation (SMC) and Blue Star network to assess their work. - Consultation workshop was not conducted due to deferral of STTA to Q2 based on security concerns. 	Partially met	<p>Collaboration meeting with SMC and Blue Star network conducted.</p> <p>- Consultation workshop planned for Q2 with STTA, Netty Kamp (24th. Jan, 2016)</p>

Sub-objective 1. Enabling environment1. Enabling environment1. Enabling environment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
				areas of Dhaka city	Dhaka city			
Develop ACSM strategy 2015-2020	1.2.1	Reconstitute the ACSM and Patient-Centered Care Working group. - Workshop for development of new National ACSM Strategic Plan 2015-2020 including evaluation of former ACSM strategy and development operational plan	Convene the ACSM and Patient-Centered Care Working group.	- Convene the ACSM and Patient-Centered Care Working group. - Finalization & printing of National ACSM Strategic Plan	- Convene the ACSM and Patient-Centered Care Working group. - Finalization & printing of National ACSM Strategic Plan.	- All formal preparations completed with NTP within December 31, 2015. - STTA Deferred to Q2 based on security concerns.	Not met	- ACSM working group will be formed in meeting convened by NTP scheduled for 4 th of January 2016. - Workshop for development of new National ACSM Strategic Plan 2015-2020 scheduled on January 18-19, 2016 to be facilitated by STTA, Netty Kamp.

Sub-objective 1. Enabling environment1. Enabling environment1. Enabling environment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
					- Launch of National ACSM Strategic Plan			
Launch patient charter (patient's rights) for community working group members around the Community clinic and mobilize them in TB control activities and at meetings of TB patients in the Union Parishad	1.2.2	<ul style="list-style-type: none"> - Arrange meetings of TB patients in the Union Parishad. - Design, pretest, produce poster, leaflets on Patient charter. - Distribution of leaflets and posters to the Community working group members of the Community clinic. 	<ul style="list-style-type: none"> - Continue meetings of TB patients in the Union Parishad. - Distribution of leaflets and posters to the Community working group member of the Community clinic. 	<ul style="list-style-type: none"> - Continue meetings of TB patients in the Union Parishad. - Distribution of leaflets and posters to the Community working group members of the Community clinic. 	<ul style="list-style-type: none"> - Continue meetings of TB patients in the Union Parishad. - Distribution of leaflets and posters to the Community working group members of the Community clinic. 	<ul style="list-style-type: none"> - CTB connected with Union Parishad in Sylhet and meetings are planned with community structures at city level in Q2. - This activity will be done after meeting with Union Parishad. - To be done after production of leaflets and posters. 	Partially met	<ul style="list-style-type: none"> - Previous to the meeting with community structures arrangements had to be made, and STTA was planned to be present to start the initiative (only in Q2 available due to security reasons).

Sub-objective 1. Enabling environment1. Enabling environment1. Enabling environment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
				y clinic.				
Enhance visibility of IEC materials in health facilities like Mother Child Care, Diabetes, HIV clinics, outpatient departments, etc.	1.3.1	Review existing IEC materials		<ul style="list-style-type: none"> - Develop advocacy and communication materials (posters). - Develop poster, for the health care staff 	<ul style="list-style-type: none"> - Develop advocacy and communication materials (posters). - Develop poster, for the health care staff 	CTB reviewed all IEC materials at district levels (sample of 10 districts of 7 divisions).	Met	- IEC materials reviewed.

Sub-objective 2. Comprehensive, high quality diagnostics								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Finalize, print, and disseminate Lab Strategic Plan including budget and final editing	2.1.1	<ul style="list-style-type: none"> - Prepare budget for implementation of lab strategic plan. - Finalize lab strategic plan. - Print and disseminate lab strategic plan. 				<ul style="list-style-type: none"> - Draft Lab strategic plan was developed in APA1. STTA ToR for preparing budget for implementing strategic plan was developed in Q1 and remote STTA will begin in Q2 - Lab strategic plan has not been finalized. - Printing and dissemination of lab strategic plan has not been done. 	Not met	<ul style="list-style-type: none"> - Identification of STTA being finalized. - Finalization of lab strategic plan has been shifted to Q2 as it is linked with the preparation of budget. - Printing and dissemination of lab strategic plan will be done after finalizing the Plan, in Q3.
Service of microscopes (LED FM/Light Microscope)	2.1.3	Annual service maintenance	Annual service maintenance	Annual service maintenance	Annual service maintenance	No formal request received from NTP.	Met	Routine maintenance of microscopes is conducted by NTP. CTB will provide support only upon receiving request from NTP.
Refresher trainings for light microscopy	2.1.4	Refresher training	Refresher training	Refresher training	Refresher training	CTB organized and conducted one batch (12 microscopists, majority from peripheral labs attended this training) of 'Refresher Training on Ziehl	Met	Refresher Training conducted

						Neelsen (ZN) Sputum Smear Microscopy' from November 28-December, 2015 at National TB Reference Laboratory (NTRL), NIDCH.		
Build LED FM capacity (training manual, training, job aids, and monitoring)	2.1.5	Provide basic LED FM training	<ul style="list-style-type: none"> - Provide basic LED FM training. - Develop LED FM job aids 	<ul style="list-style-type: none"> - Provide basic LED FM training. - Print and distribute job aids 	<ul style="list-style-type: none"> - Provide basic LED FM training. - Implement job aids and monitor use 	Basic LED FM training was not conducted due to ongoing discussions regarding curriculum and duration of training.	Not met	<p>Discussion with NTP is going on to finalize the duration of training (one week versus two week)</p> <p>In December 2015, it was agreed by the NTP that effective January 2016, Basic LED FM training will be conducted for duration of one week. One batch will be trained in January, 2016 and another one in February 2016.</p>
Provide support for operationalization of containerized Laboratory in Sylhet	2.1.6	<ul style="list-style-type: none"> - Provide support for post installation operation and maintenance cost. - Train Sylhet lab staff in use & basic maintenance of new 	Provide support for post installation operation and maintenance cost	Provide support for post installation operation and maintenance cost	Provide support for post installation operation and maintenance cost	<ul style="list-style-type: none"> - Laboratory installation not done. - Training of lab staff is not done. 	Not met	<ul style="list-style-type: none"> - Installation is subject to provision of electricity connection and completion of infrastructure by GoB through NTP. - Training depends on installation and operationalization of the laboratory

		equipment						
National TB Laboratory committee and hold quarterly meetings	2.1.7	Arrange the quarterly and need based meeting	Arrange the quarterly and need based meeting	Arrange the quarterly and need based meeting	Arrange the quarterly and need based meeting	No meeting has been convened as the National TB Laboratory Committee has not yet been approved by DGHS.	Not met	No meeting of the committee convened due to pending approval of committee formation by DGHS. As alternative, laboratory working group was proposed to NTP and expected to be formed in January, 2016 and waiting for approval.
Train the remaining batch of 64 EQA staff (activity started in APA1)	2.2.1	Train the remaining 64 EQA staff – coordinator, supervisor and 1 st /2 nd controller	Train the remaining 64 EQA staff – coordinator, supervisor and 1 st /2 nd controller	Train the remaining 64 EQA staff – coordinator, supervisor and 1 st /2 nd controller	Train the remaining 64 EQA staff – coordinator, supervisor and 1 st /2 nd controller	CTB conducted two batches of Training on ‘EQA for TB Laboratories’ on December 6-10 (carried over from APA1, does not include targeted 64 staff) and December 20-24, 2015 at CTB Office, Dhaka. Out of 40 total invitees, 35 (88%) participated (M-25 & F-10).	Met	Two batches of training were conducted for EQA staff and 44 more EQA staff will be trained in Q2 and Q3.
EQA Center to provide supervision to the microscopy centers	2.2.2	Provide supervision support for the Microscopy centers	Provide supervision support for the Microscopy centers	Provide supervision support for the Microscopy centers	Provide supervision support for the Microscopy centers	CTB conducted five supervision visits (2 at Chittagong division and 3 at Khulna division) at five microscopy centers by 5 trained EQA First Controllers.	Met	Joint supervision support for the Microscopy centers provided.
Enhance quality culture/DST at existing and new labs by recruitment of 4	2.3.1	Provide key staff for NTRL and RTRL	Provide key staff for NTRL and RTRL	Provide key staff for NTRL and	Provide key staff for NTRL and RTRL	Recruitment completed. Three laboratory coordinators are on board and a laboratory	Met	Laboratory Coordinators will be assigned at RTRLs and are responsible to provide support to quality

microbiologists for NTRL and RTRL.				RTRL		strengthening officer will join on February 01, 2016.		<p>implementation of lab activities and the provision of technical assistance to GoB staff.</p> <p>Laboratory Strengthening Officer will assist the CTB Lab Advisor mainly on Lab accreditation process (Microscopy network, NTRL/RTRLs)</p>
Finalize inventory template and ensure maintenance of selected equipment in all NTRL/ RTRLs.	2.3.2	<ul style="list-style-type: none"> - Finalize inventory template. - Ensure maintenance of equipment at NTRL and 3 RTRLs 	Ensure maintenance of equipment at NTRL and 3 RTRLs	Ensure maintenance of equipment at NTRL and 3 RTRLs	Ensure maintenance of equipment at NTRL and 3 RTRLs	<ul style="list-style-type: none"> - Inventory template has been finalized and targeted to be utilized in Q2. - No formal request of maintenance for equipment was received. NTP is responsible for maintenance through GF support. CTB is expected to ensure maintenance where GF support is not available. 	Met	<ul style="list-style-type: none"> - Inventory template finalized.
Link laboratory activity program between NTRL, RTRLs, including sample transport and joint supervision	2.3.3	<ul style="list-style-type: none"> - Procure transport boxes. - Cost for sample shipment for proficiency testing 	<ul style="list-style-type: none"> - Cost for sample shipment for proficiency testing. - Joint 	<ul style="list-style-type: none"> - Cost for sample shipment for proficiency testing 	<ul style="list-style-type: none"> - Cost for sample shipment for proficiency testing. - Joint 	<ul style="list-style-type: none"> - Procurement of transport boxes has been initiated. - No formal request received from NTRL/RTRLs for shipment of sample for proficiency testing. 	Partially met	<p>Expected delivery of transport boxes is in January 2016. Specimen transport will be through land courier using CTB budget.</p>

			supervision		supervision			
Improve supply chain management by connecting with National TB Laboratory Committee (NTBLC) to quantify, forecast, and procure lab reagents & supplies for NRTL/RTRLs	2.3.4	<ul style="list-style-type: none"> - Quantify and forecast lab reagents & supplies. - Procure consumables and disposables for one NRTL and 3 RTRLs 	Procure consumables and disposables for one NRTL and 3 RTRLs	Procure consumables and disposables for one NRTL and 3 RTRLs	Procure consumables and disposables for one NRTL and 3 RTRLs	<ul style="list-style-type: none"> - The National TB Laboratory Committee has not yet been approved by DGHS. - Procurement of consumables and disposables is need based. (No formal request received from NRTL/RTRLs) 	Not met	<ul style="list-style-type: none"> - Formation of laboratory working group was proposed to NTP pending approval by DGHS.
Ensure maintenance and calibration for GeneXperts	2.4.1	<ul style="list-style-type: none"> - Replace modules. 	<ul style="list-style-type: none"> - Replace modules. 	<ul style="list-style-type: none"> - Replace modules. 	<ul style="list-style-type: none"> - Replace modules. 	<ul style="list-style-type: none"> - As of December 31, 2015, CTB replaced 14 modules (one at NRTL and 13 at RTRL Chittagong) and 6 were pending for custom clearance. There are still 30 non-functional modules in the remaining 36 GeneXpert functional machines; these modules failed at different time during the TB CARE II project. In most of the cases, there were no records of case opening with Cepheid international and Cepheid local agency. CTB in coordination with Cepheid local agency 	Partially met	<ul style="list-style-type: none"> - Further communications for module replacement ongoing with Cepheid

		<ul style="list-style-type: none"> - Procure 3 years warranty including calibration and validation kits. 	<ul style="list-style-type: none"> - Procure 3 years warranty including calibration and validation kits. 	<ul style="list-style-type: none"> - Procure 3 years warranty including calibration and validation kits. 	<ul style="list-style-type: none"> - Procure 3 years warranty including calibration and validation kits. 	<p>took the initiative for opening of cases in order to facilitate replacement of modules.</p> <ul style="list-style-type: none"> - CTB placed order to procure warranties for nine GeneXpert machines before December 31, 2015. Out of the 9 machines, seven warranties have already expired and two are anticipated to expire in coming months. Information on warranty expiration is not fully updated at Cepheid International and poses one of the major challenges of procuring warranties. CTB is working with Cepheid international to obtain validated information about warranty expiration of all 39 GeneXpert machines. 		
		<ul style="list-style-type: none"> - Maintenance services for UPS & refrigerator 	<ul style="list-style-type: none"> - Maintenance services for UPS & refrigerator 	<ul style="list-style-type: none"> - Maintenance services for UPS & refrigerator 	<ul style="list-style-type: none"> - Maintenance services for UPS & refrigerator 	<ul style="list-style-type: none"> - CTB is providing maintenance services. 8 out of 38 sites were visited for local maintenance support. Six out of 9 completely non- 		

		- Provide maintenance support to all 39 Gxpert machine)	- Provide maintenance support to all 39 Gxpert machine)	- Provide maintenance support to all 39 Gxpert machine)	- Provide maintenance support to all 39 Gxpert machine)	functional machines were made operational in this quarter.		
Improve supply chain management for Xpert	2.4.3	- Set the standard mechanism to quantify and forecast supplies. - Procure Falcon tube, disinfectant, gloves, biohazard bag, etc.	Set the standard distribution plan of supplies			- Not Done - Procurement has not been done.	Not met	- Formation of laboratory working group was proposed to NTP pending approval by DGHS.
Strengthen capacity of staff for use of Xpert, including routine maintenance, basic trouble shooting, and data generation	2.4.4	Adopt training manual/SOPs as per GLI package		Develop two trainers for in- depth Cepheid training		- CTB provided technical input for drafting a customized Training manual as per GLI package.	Partially met	Endorsement of the manual will be sought when the Lab working group will be established (January 2016)

Monitor performance of GX machines, purchase and install GX alert for existing 39 machines	2.4.5	- Purchase GX alert for existing 39 GX machines.	- Install GX alert for existing 39 sites.			- Technical assessment and scope of work preparation are underway with Global Connectivity , the company that supplies GX Alert application.	Partially met	- Discussion ongoing with the vendor to purchase these services. Scope of Work is yet to be finalized and initial quoted price from vendor is more than the budget.
		- Routine visits to GX sites. - Coordinate with icddr,b on GX EQA study.	- Finalize checklist and develop monitoring SOP and indicators. - Routine visits to GX sites. - Coordinate with icddr,b on GX EQA study	- Routine visits to GX sites. - Coordinate with icddr,b on GX EQA study	- Routine visits to GX sites. - Coordinate with icddr,b on GX EQA study	- 8 GeneXpert sites were visited. - Coordination has not been commenced.		- icddr,b has not started the EQA study yet. The EQA study is a mandate of icddr,b. The study aims to explore the feasibility of conducting GX EQA. CTB will coordinate with them to utilize findings in actual field settings.
Develop a mechanism for proper receipt of samples and timely delivery of reports.	2.5.1	Meet with NTBLC to develop mechanism for better documentati				The National TB Laboratory Committee has not yet been approved by DGHS.	Not met	Formation of laboratory working group was proposed to NTP pending approval by DGHS.

		on of receiving samples and delivering the results in coordination with PMDT working group	Finalize the mechanism to be implemented by NTP					
Design and sustain a sputum transport system	2.6.1	- Provide courier fee	- Provide orientation on sputum transport SOPs. - Provide courier fee	- Provide courier fee	- Provide orientation on sputum transport SOPs. - Provide courier fee	- This activity is ongoing	Met	In the catchment area of Challenge TB (19 districts and 4 city corporations), the sputum transport system links specimen of follow-up culture for DR TB patients as well as presumptive DR TB patients. These specimens are transported to NTRL, RTRL, and GeneXpert sites in some instances. This facilitates the cPMDT process for patients who reside in distant areas. For Q1, 728 (225 diagnostic samples, 503 follow-ups) specimens were ferried. Cost for Q1 is approximately US\$728.00 (US\$1 per sample).
Establish Containerized Lab in Sylhet (RTRL)	2.7.3	- Review Containerized Lab specifications				- Review of Containerized Lab specifications is an ongoing activity.	Partially met	- Installation is subject to provision of electricity connection and completion of infrastructure through

		<p>to confirm USAID compliance.</p> <ul style="list-style-type: none"> - Modify Purchase Order to upgrade lab specifications - Shipment and installation of lab. - Deliver completed lab. equipment, and spare parts 	<ul style="list-style-type: none"> - Shipment and installation of lab. - Scheduled lab maintenance. - Incorporate a waste decontamination equipment 	Scheduled lab maintenance	Scheduled lab maintenance	<ul style="list-style-type: none"> - The waste decontamination plant is incorporated with the laboratory. It is an ongoing activity. - Shipment has not been done yet 		NTP.
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Fig -1: Trained participants on 'Refresher Training on ZN Sputum Smear Microscopy' from November 28- December 3, 2015 at NTRL, NIDCH, Dhaka



Fig-2: Trained participants along with resource persons 'Training on EQA for TB Laboratories' from December 6-10, 2015 at MSH Conference Room, Dhaka.



Fig-3: CTB Laboratory Advisor facilitating session on the 'Training on EQA for TB Laboratories' from December 20-24, 2015 at MSH Conference room, Dhaka

Sub-objective 3. Patient-centered care and treatment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Increase capacity of doctors and field staff to diagnose and manage childhood TB by training (BPA), improved contact tracing, and IPT (Sylhet) for children	3.1.1	<ul style="list-style-type: none"> - Monitor and evaluate work done by BPA. - Promote the utilization of the screening tool. - Ensure implementation of IPT. - Monitor implementation status of IPT in children 	<ul style="list-style-type: none"> - Monitor and evaluate work done by BPA. - Promote the utilization of the screening tool. - Ensure implementation of IPT. - Monitor implementation status of IPT in children 	<ul style="list-style-type: none"> - Monitor and evaluate work done by BPA. - Promote the utilization of the screening tool. - Ensure implementation of IPT. - Monitor implementation status of IPT in children 	<ul style="list-style-type: none"> - Monitor and evaluate work done by BPA. - Promote the utilization of the screening tool. - Ensure implementation of IPT. - Monitor implementation status of IPT in children 	<ul style="list-style-type: none"> - Regular Monitoring, Evaluation and supervision is ongoing. - Meeting with BPA and CTB, CWCH, BRAC, DF and NTP held to formulate methodology to develop one unique national tool (merging the 3 existing different tools). - Implemented by Sub grantees, not countrywide yet. - Ongoing 	Partially met	<ul style="list-style-type: none"> - Consultation ongoing with partners to finalize the Screening tools and seek endorsement from the NTP prior to field utilization. - Screening tool needs to be ready for promotion and then IPT will be launched country wide.
Continuous awareness raising efforts for health providers , parents and community about childhood TB (Dhaka and	3.1.2	Monitor and evaluate work done by BPA	Monitor and evaluate work done by BPA	Monitor and evaluate work done	Monitor and evaluate work done by BPA	- Regular Monitoring, Evaluation and supervision is ongoing.	Met	Monitoring and evaluation of BPA work is ongoing.

Sylet Divisions) and measure impact of childhood TB interventions				by BPA				
Scale up TB in prison model	3.1.6	<ul style="list-style-type: none"> - Review national experiences, published & research and unpublished work on TB in prisons. 	Implement scale-up of TB in prison model	Implement scale-up of TB in prison model	Implement scale-up of TB in prison model	<ul style="list-style-type: none"> - Literature reviewed and dialogue started with Icddr,b (implementer of prison TB research under TRaction) 	Partially met	<ul style="list-style-type: none"> - Meeting with STTA planned in January to complete a description of a sustainable model for scale up.
Review and expansion of workplace case finding and treatment	3.1.7	<ul style="list-style-type: none"> - Assessment and mapping of workplaces. - Advocacy meetings with the Ministry of Labour and Manpower 	<ul style="list-style-type: none"> - Develop an advocacy plan. - Advocacy meetings with the Ministry of Labour and Manpower 	<ul style="list-style-type: none"> - Advocacy meetings with the Ministry of Labour and 	<ul style="list-style-type: none"> - Advocacy meetings with the Ministry of Labour and Manpower 	<ul style="list-style-type: none"> - CTB has conducted a mapping of work places at Sylhet in October, 2015 and pocket areas not covered with TB control activities were identified. - CTB organized one meeting with Additional Secretary- Ministry of Labor and Employment in Q1. CTB and NTP received 	Met	<ul style="list-style-type: none"> - Assessment and mapping of workplace conducted. - Based on the request by the Ministry of Labour, support should be considered for this new proposed activity to sensitize district representatives of Labor

		and others.	and others.	Manpower and others.	and others.	a request during this meeting to conduct an advocacy workshop with the district representatives of Labor and employment Ministry.		and Employment Ministry on TB and define an advocacy agenda for negotiation to support TB patients during their sick leave.
			- Advocacy meeting with BEPZA.		- Advocacy meeting with BEPZA.			
Improve utilization of the criteria for presumptive MDR cases by sensitization divisional and (sub) district managers (complete coverage), introduction of a developed history taking tool and reinforce during supervision visits	3.2.1	- Workshop to evaluate existing history taking tools and formulate improvements.				- CTB organized and conducted a Workshop to evaluate 'History taking tools' on November 12, 2015. Experts from various institutions such as NIDCH, BPA, BADAS etc. contributed to develop draft History taking Tool. Subsequently on December 14, 2015 meeting of stakeholders at NTP made necessary modifications to the draft and endorsed it.	Met	- Workshop conducted to evaluate existing 'history taking tools' and tool was endorsed by NTP.
			- Organize sensitization workshop at division level for increasing diagnosis of MDR-TB.	- Organize sensitization workshop at division level for increasing				

			<ul style="list-style-type: none"> - Organize orientations at district level on referral. - Print & distribute history taking tools. - Provision of funds for courier cost for sputum samples 	<p>g diagnosis of MDR-TB.</p> <ul style="list-style-type: none"> - Organize orientations at district level on referral. - Provision of funds for courier cost for sputum samples 	<ul style="list-style-type: none"> - Organize orientations at district level on referral. - Provision of funds for courier cost for sputum samples 	<ul style="list-style-type: none"> - Provision of funds for courier cost for sputum samples is ongoing. 		
Plan for adoption and operationalization of new policy on Xpert testing all new smear positive cases across the country	3.2.2	<ul style="list-style-type: none"> - Consensus workshop for development of countrywide adoption of new policy. 				<p>At the PMDT Coordination Committee meeting in November 2015, consensus was reached to adopt the policy on Xpert testing all new smear positive cases. The new policy will be piloted in four districts that are Gazipur, Chuadanga, Netrokona and Noakhali with effect from January</p>	Met	<ul style="list-style-type: none"> - Consensus workshop was conducted.

			- Disseminate new policy at sensitization workshops.	- Disseminate new policy at sensitization workshops.		2016.		
Sustain all cPMDT activities and assure package allocated to that including Mhealth	3.2.3	<ul style="list-style-type: none"> - Organize training of Outpatient DR TB team at Upazillas. (1 batch of training for members of out-patients DR TB team from 4 upazilas Khagrachori District) - Conduct Joint Supervision of DR TB treatment Initiation Centers. (1 visit per quarter) - Provide funds for incentives for DR TB 	<ul style="list-style-type: none"> - Organize training of Outpatient DR TB team at Upazillas. - Conduct Joint Supervision of DR TB treatment Initiation Centers. - Provide funds for incentives for DR TB 	<ul style="list-style-type: none"> Organize training of Outpatient DR TB team at Upazillas. - Conduct Joint Supervision of DR TB treatment Initiation Centers. - Provide funds for incentives for DR TB 	<ul style="list-style-type: none"> Organize training of Outpatient DR TB team at Upazillas. - Conduct Joint Supervision of DR TB treatment Initiation Centers. - Provide funds for incentives for DR TB patients 	<ul style="list-style-type: none"> - CTB has conducted one batch of 3 days training on cPMDT for 4 Upazillas of Khagrachori District, covering 50% of the district and the other 50% (4 upazilas) in Q2. - Joint supervision conducted to Sylhet DR TB treatment initiation Center (Chest Diseases Hospital). - Funds provided 	Partially met	The last remaining (hill) district of Rangamati, having 10 Upazilas with very difficult access will be covered in Q3 and Q4. Due to the difficult access, this training will be higher cost.

		<p>patients & DOT providers.</p> <p>- Provide funds for ancillary investigations & travel costs for DR TB patients.</p> <p>- Provide funds to DOT provider for travel costs to collect drugs.</p> <p>- Provide honorarium to DOT providers for collecting drugs.</p> <p>- Provide funds for DR TB patients to travel to NTRL/RTRL to submit sputum for follow-up culture.</p>	<p>patients & DOT providers.</p> <p>- Provide funds for ancillary investigations & travel costs for DR TB patients.</p> <p>- Provide funds to DOT provider for travel costs to collect drugs.</p> <p>- Provide honorarium to DOT providers for collecting drugs.</p> <p>- Provide funds for DR TB patients to travel to NTRL/RTRL to submit sputum for follow-up culture.</p>	<p>patients & DOT providers.</p> <p>- Provide funds for ancillary investigations & travel costs for DR TB patients.</p> <p>- Provide funds to DOT provider for travel costs to collect drugs.</p> <p>- Provide honorarium to DOT providers for collecting drugs.</p> <p>- Provide funds for DR TB patients to travel to NTRL/RTRL to submit sputum for follow-up culture.</p>	<p>& DOT providers.</p> <p>- Provide funds for ancillary investigations & travel costs for DR TB patients.</p> <p>- Provide funds to DOT provider for travel costs to collect drugs.</p> <p>- Provide honorarium to DOT providers for collecting drugs.</p> <p>- Provide funds for DR TB patients to travel to NTRL/RTRL to submit sputum for follow-up culture.</p>	<p>- Funds provided</p> <p>- Funds provided</p> <p>- Funds provided</p> <p>- Funds provided</p>		
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		<ul style="list-style-type: none"> - Procure and distribute plastic drug box and file cover for patient. - Procure and distribute kits for DOT provider (Bag, umbrella, torch etc.). - Sustain mHealth for quality DOT. - Courier service for NTRL/RTRLs. - Airtime to ensure Xpert results shared 	<ul style="list-style-type: none"> - Procure and distribute plastic drug box and file cover for patient. - Procure and distribute kits for DOT provider (Bag, umbrella, torch etc.). - Sustain mHealth for quality DOT. - Courier service for NTRL/RTRLs. - Airtime to ensure Xpert results shared 	<ul style="list-style-type: none"> - Procure and distribute plastic drug box and file cover for patient. - Procure and distribute kits for DOT provider (Bag, umbrella, torch etc.). - Sustain mHealth for quality DOT. - Courier service for NTRL/RTRLs. - Airtime to ensure Xpert results 	<ul style="list-style-type: none"> - Procure and distribute plastic drug box and file cover for patient. - Procure and distribute kits for DOT provider (Bag, umbrella, torch etc.). - Sustain mHealth for quality DOT. - Courier service for NTRL/RTRLs. - Airtime to ensure Xpert results shared immediately. 	<ul style="list-style-type: none"> - Procurement process has been started. - Procurement process has been started. - Total 359 DOT providers out of 508 DOT providers are now using the mHealth Technology for DOT monitoring. (149 DOT providers are new). - Courier service provided - Airtime provided and Xpert result shared. Also the GP contracts were modified where 		<ul style="list-style-type: none"> - Now in the process of Sample Checking and Vendor Selection. - Now in the process of Sample Checking and Vendor Selection. - Engage new remaining DOT providers.
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		immediately.	immediately.	shared immediately.		needed and redrafted. Modification included the harmonization of existing user packages and enriching control measures (limits, deactivation).		
Strengthen quality of contact tracing of DR-TB patients by improving and simplify R&R system, create commitment with partners on use, rolling out and follow by M&E system and supervision.	3.2.4	<ul style="list-style-type: none"> - Organize consensus workshop for development of contact tracing recording format of DR-TB patients. - Development of contact tracing recording format of DR-TB patients. - TOT on contact tracing and recording format. 	<ul style="list-style-type: none"> - Print & distribute contact tracing format. 			<ul style="list-style-type: none"> - Workshop not conducted. - Contact tracing recording format of DR-TB patients has not been developed. - ToT was not done. 	Not met	<ul style="list-style-type: none"> - Workshop to be conducted in Q2. Draft Contact tracing recording format for children will also be discussed in same workshop. - After finalization of DR TB Contact Tracing Format at the workshop, TOT will be organized on orientation of the formats by the end of Q2 of APA2.
Strengthen recording and reporting of treatment follow-up cultures.	3.2.5	<ul style="list-style-type: none"> - Orientation on documentation of 	<ul style="list-style-type: none"> - Orientation on documentation of 	<ul style="list-style-type: none"> - Orientation on documentation of 	<ul style="list-style-type: none"> - Orientation on documentation of 	<ul style="list-style-type: none"> - Orientations on documentation were not organized. 	Not met	<ul style="list-style-type: none"> - Orientations to be organized in Q2 following finalization of the formats noted in 3.2.4c.

		<p>updated recording formats at NIDCH, Shymoli and Chankharpool CDC.</p> <p>- Align DR-TB recording and reporting with eTB Manager.</p> <p>- Provide mobile costs to laboratory technologist at all DR-TB diagnostic sites</p>	<p>updated recording formats at NIDCH, Shymoli and Chankharpool CDC.</p> <p>- Provide mobile costs to laboratory technologists at all DR-TB diagnostic sites</p>	<p>updated recording formats at NIDCH, Shymoli and Chankharpool CDC.</p> <p>- Provide mobile costs to laboratory technologist at all DR-TB diagnostic sites</p>	<p>updated recording formats at NIDCH, Shymoli and Chankharpool CDC.</p> <p>- Provide mobile costs to laboratory technologist at all DR-TB diagnostic sites</p>	<p>- CTB provided technical assistant for aligning of DR-TB recording and reporting with eTB Manager in collaboration with SIAPS.</p> <p>- Same as 3.2.3I</p>		
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Fig-4: Paramedics from Smiling Sun Franchise (NHSDP) conducting 'Action Oriented Community Meeting' organized by CTB with the slum dwellers in Dhaka: 21st November, 2015



Fig-5: Assistant Director NTP leading 'Workplace Assessment' at Manjil Biscuit Factory in Sylhet Small and Cottage Industrial Area on 10 Nov' 15.



Fig-6: A joint supervision activity (NTP, CTB and WHO) conducted at DR TB Treatment Initiation Center (Hospital), Sylhet on 9 Nov, 2015.



Fig-7: The Joint Supervision Team interviewing an admitted MDR TB patient regarding patient's satisfaction on provider services, Sylhet on 9 Nov, 2015.



Fig-8: Assistant Director- NTP with other members of the team interviewing patient and family members at the community, Sylhet on 9 Nov, 2015.



Fig-9: Clinical experts participating at 'Workshop to evaluate existing history taking tools and formulate improvements' organized by CTB on 12 November, 2015.



Fig-10: Training of Outpatient DR TB teams of four Upazillas from Khagrachori District organized by CTB on 16-18 November, 2015 at Conference Room, Civil Surgeon's Office, Chittagong. Director, Health, Chittagong; Civil Surgeon of Chittagong and Assistant Director-MBDC attended the training as resource person.

Sub-objective 4. Targeted screening for active TB								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Phase wise completion of capacity development of doctors and field workers of all divisions on childhood TB	4.1.3	<ul style="list-style-type: none"> - Conduct Child TB training for Dhaka (NHSDP) and Sylhet division. 	<ul style="list-style-type: none"> - Update training materials as per revised childhood TB guidelines. - Printing of Child TB Training Manual - Conduct Child TB training for Dhaka and Sylhet division (NHSDP) 	<ul style="list-style-type: none"> - Printing of Child TB Training Manual. - Conduct Child TB training for Dhaka and Sylhet division (NHSDP) 		<ul style="list-style-type: none"> - CTB organized 2 batches of training for Doctors belonging to Dhaka NHSDP network with total of 39 people (34 females) of around 20 Health Facilities. 	Partially met	<ul style="list-style-type: none"> - Training in Sylhet will commence in Q2 upon receipt of MSH CTB project registration.
Implement local grants	4.1.5	Continue	- Continue	- Continue	- Continue	Current case finding	Partially	ACF activities hampered due

program		current case finding grants	current case finding grants. - Develop and release RFA for new round of grants,	current case finding grants. - Negotiate, award, and sign grants	current case finding grants. - Implementati on of new grants	grants are ongoing; however, disbursement of funds is on hold due to the required project registration of CTB with NGO Affairs Bureau and award registration of respective sub-grantee with the Bureau.	met	to late disbursements (NGO registration Bureau delays). All requirements have been submitted to the Bureau in December' 2015. Project Registration is expected to be issued by the Bureau to MSH in mid-January, 2016.
Finalize TB Urban poor strategic plan mobilize key community leaders to develop their action plans	4.2.1	Sharing of successful experiences from other countries as an input to urban strategic plan	Final Urban TB Strategy			- STTA Deferred to Q2 based on security concerns.	Not met	STTA (Hamim Azizullah) expected in February, 2016. ToR to be finalized.
Undertake regular cough surveys with NGOs in the targeted areas	4.2.2	Biweekly survey for 10 months among floating	Biweekly survey for 10 months among floating	Biweekly survey for 10 months among floating	Biweekly survey for 10 months among floating	Concept note and budget for RFA's prepared, meeting held with respective NGOs.	Partially met	TB activities under UPHCP (local Government Urban Dhaka) suspended temporarily due to concerns about risk of TB infection for

		people	people	people	people			mothers and children who visit the clinics. CTB is presently engaging directly with Nari Maitree on the modalities of the proposed Cough Survey.
Link with public and NGO nutritional health workers in the slum areas to include TB	4.2.5	Link various NGOs working in slum areas to ensure coordinated efforts and attention for TB from nutrition programs	Link various NGOs working in slum areas to ensure coordinated efforts and attention for TB from nutrition programs			Meeting conducted with PPDU (Pro-poor urbanized settings) and information gathered to make a plan to engage these NGOs in TB ACF.	Partially met	Involvement of town federation planned for ACF in Sylhet and Khulna in Q2.
Engage informal providers, drug outlets, shopkeepers/owners in ACF/DOTS	4.2.7	Action-oriented community meetings	Action-oriented community meetings	Action-oriented community meetings	Action-oriented community meetings	NHSDP covering 4 NGOs at national level attended initial community meeting. Action plans (door to door visits) are made by assisting communities. Salvation Army: meeting with young peer educators and Bari mothers group (action plan in process to define activities of school student leaders, pharmacies)	Met	- Action oriented community meeting conducted.

Sub-objective 5. Infection control								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Establishing IC committee at central NTP level	5.1.1	Establish IC committee at central level to formulate action plan and implement it.	<ul style="list-style-type: none"> - Formulate action plan and implement IC Plan. 	<ul style="list-style-type: none"> - Organize quarterly meeting of IC committee at central level. - Implement IC Plan 	<ul style="list-style-type: none"> - Organize quarterly meeting of IC committee at central level. - Implement IC Plan 	<ul style="list-style-type: none"> - IC committee at central level was not formed. 	Not met	<ul style="list-style-type: none"> - Committee needs to be endorsed by DG-Health. - In the meantime, as an alternative, the formation of IC working group was proposed to NTP. The expected date for the formation of this Working Group is January 2016.
Develop a complete curriculum/training manual for implementation of the IC guidelines including a revision of supervision checklist for IC items	5.1.2		<ul style="list-style-type: none"> - Analysis of the risk assessment done by TBCARE II 	<ul style="list-style-type: none"> - Analysis of the risk assessment done by TBCARE II. - Infection Control training of 	<ul style="list-style-type: none"> - Analysis of the risk assessment done by TBCARE II 	<ul style="list-style-type: none"> - ToR for STTA concurred by USAID Mission. - No activity has been planned in Q1. 	N/A	

				6 facilities' staff. - Revise supervision checklist on IC items				
Evaluate FAST in 3 hospitals and consider scale up to 2 more chest disease hospitals.	5.1.3	Evaluate present status FAST activities (NIDCH, BIRDEM, Chittagong CDH) in the existing 3 hospitals post-TB CARE II.	Address gaps identified in the 3 initial hospitals and take necessary steps and/or measures to ensure sustainability of activities			Moved to Q2. (Marleen Heus)	Not met	Assessment activity has been included in the TOR of the TB IC STTA, which planned to be conducted during Q-2 of APA2.
Procure basic IC supplies (surgical masks, N95 under lab section)	5.1.4	Procure basic IC supplies				Distribution of N 95 approved and will be distributed in Q2 as per activity 2.7.2 to health care workers working in DR TB initiation sites, community DOT providers and lab	Not met	Distribution of N 95 will be done in Q2.

						personnel. Fit testing will not be done as decided upon by the NTP.		
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Sub-objective 7. Political commitment and leadership								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Enabling the NTP to promote and coordinate TB activities in Bangladesh	7.2.1	<ul style="list-style-type: none"> - Participate in ICAAP 2015 Conference 	<ul style="list-style-type: none"> - Formation of a budget mobilization (caucus) group. - Meeting with the group/ donor annually. - Observance of World TB Day. 	<ul style="list-style-type: none"> - Sensitize the policy makers' bi annually. - Second meeting of caucus. 		<ul style="list-style-type: none"> - ICAAP 2015 Conference deferred until further notice. 	Not met	<ul style="list-style-type: none"> - CTB sponsored registration for 4 project staff, 4 stakeholders for ICAAP 2015 Conference. One symposium was sponsored and one exhibit booth reserved. Collaboration with SIAPS also done.
Provide technical and management support to the CCM & support	7.2.2	<ul style="list-style-type: none"> - Assist the Line Director and other 	<ul style="list-style-type: none"> - Assist the Line Director and other 	<ul style="list-style-type: none"> - Assist the Line Director and 	<ul style="list-style-type: none"> - Assist the Line Director and other 	<ul style="list-style-type: none"> - Assisting Line Director and other NTP officials to ensure funding in 	Partially met	<ul style="list-style-type: none"> - Plans to meet Director (Admin)-DGHS and Director Finance- DGHS to

appropriate budgetary allocation for the TB program		<p>NTP officials to ensure funding in the Operational Plan.</p> <p>- Continuous support to the CCM Secretariat.</p>	<p>NTP officials to ensure funding in the Operational Plan.</p> <p>- Continuous support to the CCM Secretariat.</p>	<p>other NTP officials to ensure funding in the Operational Plan.</p> <p>- Continuous support to the CCM Secretariat.</p>	<p>NTP officials to ensure funding in the Operational Plan.</p> <p>- Continuous support to the CCM Secretariat.</p>	<p>operational Plan is ongoing.</p> <p>- Support to CCM to be initiated depending on identified need.</p>		<p>advocate for continuous financial support to NTP program as part of STTA (Political Commitment and Leadership) in Q2.</p> <p>- Request for access to NTP Operational Plan done in preparation for STTA (Political Commitment and Leadership) in Q2.</p> <p>- No request received from CCM to CTB as of December 31, 2015.</p>
Support NTP in ensuring unified TB program in Bangladesh	7.3.1	- Support NTP for arranging coordination meetings.	- Support NTP for arranging coordination meetings.	- Support NTP for arranging coordination meetings.	- Support NTP for arranging coordination meetings.	CTB is supporting NTP for arranging coordination meeting. Last coordination meeting held on December 23, 2015.	Met	CTB supported NTP quarterly partners meeting, PPM and ACSM Working Group meetings.

Sub-objective 9. Drug and commodity management systems								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (<i>reason for not meeting milestone, actions to address challenges, etc.</i>)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Coordinate with SIAPS on the strengthening and utilization of the current procurement and supply chain management system in place.	9.1.1	Ensure strong linkages between NTP, SIAPS, and GF activities	Ensure strong linkages between NTP, SIAPS, and GF activities	Ensure strong linkages between NTP, SIAPS, and GF activities	Ensure strong linkages between NTP, SIAPS, and GF activities	This is ongoing activity whereby CTB collaborates closely with NTP, SIAPS and GF to ensure complementation of activities and maximization of available resources.	Met	CTB regularly coordinates with NTP, SIAPS, and GF activities in ongoing efforts ensuring complementation and maximization of available resources.

Sub-objective 10. Quality data, surveillance and M&E								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Conduct quarterly M&E meeting at central level	10.1.1	Conduct quarterly M&E meeting at CTB/B central level for grantees and CTB project staff	Conduct quarterly M&E meeting at CTB/B central level for grantees and CTB project staff	Conduct quarterly M&E meeting at CTB/B central level for grantees and CTB project staff	Conduct quarterly M&E meeting at CTB/B central level for grantees and CTB project staff	- CTB organized project staff meeting, for both Central and field staff on Nov.25-26, 2015. A program implementation review was conducted including role definition. Coordination meetings with sub-grantees were held separately.	Partially met	- Meeting between project staffs and sub-grantees is planned in Q2.
Conduct joint and regular data quality audits and dissemination of findings	10.1.2	- Conduct joint DQA visit to district and upazila levels - Dissemination of findings of DQA visits	- Conduct joint DQA visit to district and upazila levels. - Dissemination of findings of DQA visits	- Conduct joint DQA visit to district and upazila levels. - Dissemination of findings of DQA visits	- Conduct joint DQA visit to district and upazila levels - Dissemination of findings of DQA visits	- DQA visit not conducted due to absence of M&E Advisor.	Not met	- DQA tools to be finalized in Q2 and DQA visit will be made thereafter.
Cascade 3 days training on M&E, E-TB manager and analysis of data of NTP and NGO staff for different levels	10.1.3	Cascade training on M&E, E-TB manager and analysis of data of NTP and NGO staff for different				Training not conducted due to absence of M&E Advisor.	Not met	- M&E advisor to start work on January 4, 2016. - Training module on analysis of data will be developed in January, 2016. - Collaboration with SIAPS and NTP will be done on E-TB manager training.

		levels, to complement SIAPS sites						- Trainings will be conducted after development and endorsement of modules.
Organize two workshops to develop operations research protocols and finalize research findings	10.1.4	<ul style="list-style-type: none"> - Shortlisting of prioritized research topics done in APA1 by the NTP research working group - Workshops to develop research protocol as a result of identified research agenda in APA1. 				<ul style="list-style-type: none"> - NTP approved the shortlist of prioritized research topics. - STTA, Susan Van Der Hoff, rescheduled to Q2 due to security issues. 	Partially met	<p>List of Prioritized research topics are in Annex-1.</p> <ul style="list-style-type: none"> - Scheduled to be finalized in Q2.

Sub-objective 11. Human resource development								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Develop a new HRD plan for the NTP	11.1.1	<ul style="list-style-type: none"> - Revision of implementation of the expiring HRD plan (2000-2015) and draft a new 2015-2020 HRD plan addressing training, supervision, M&E and recognition system. - Meetings for Revision and endorsement of NTP and partners 	Dissemination through Regional staff & Advisors during regular quarterly meetings	Dissemination through Regional staff & Advisors during regular quarterly meetings	Dissemination through Regional staff & Advisors during regular quarterly meetings	<ul style="list-style-type: none"> - Revision of the implementation of the expiring HRD plan (2000-2015) and draft a new 2015-2020 HRD plan addressing training, supervision, M&E and recognition system not done due to STTA schedule deferred to Q2 due to security reason. - Endorsement will be done after having revised HRD Plan 	Not met	<ul style="list-style-type: none"> - Communication regarding STTA with MSH Home Office, being done regarding name and new date of engagement. - TOR to be finalized.

Reinforce supportive supervision	11.1.2	<ul style="list-style-type: none"> - Develop with a task force updated and aligned supervision tool (checklist) and data compilation system (electronic) 	<ul style="list-style-type: none"> - Disseminate the new supervision tools to divisional experts and partners. - Conduct joint supervision using the tools 	Conduct joint supervision using the tools	Conduct joint supervision using the tools	<ul style="list-style-type: none"> - Supervision tools and data compilation system not developed due to absence of M&E Advisor. 	Not met	M&E Advisor to collaborate with Dr. Salim, Advisor to NTP for GF & MDR TB.
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3. Challenge TB's support to Global Fund implementation in Year 2

Current Global Fund TB Grants

Name of grant & principal recipient (i.e., TB NFM - MoH)	Average Rating*	Current Rating	Total Approved Amount	Total Disbursed to Date	Total expensed (if available)
TB NFM from July 2015					
ERD(MOF)	A2	A1	36,367,177 USD	6,821,311 USD	
BRAC	A2	A1	41,812,692 USD	11,411,933USD	

* Since January 2010

In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

The Global Fund for AIDS, TB and Malaria is funding Bangladesh since 2004. The country is currently implementing the New Funding Model (NFM) amounting to an amount of USD 80.9M for both PR. The grant duration is 30 months from July 2015 to December 2017. NTP has completed recruitment of the field staff (TLCAs), officers and experts. The TLCAs are undergoing training and will be joining their work stations soon. This will help overcome the vacuum created at the field level due to retrenchment of 800 staff by BRAC in 2015.

The global fund rating on performance has been improving progressively from B1 to A2. Present average rating for NTP is A2 and current rating is A1 but PR BRAC average rating is A1 and current rating is A2. A

Challenge TB & Global Fund - Challenge TB involvement in GF support/implementation, any actions taken during this reporting period

CTB is working in close collaboration and coordination with the GF, in partnership with the NTP. CTB is providing technical support to GF-supported trainings; specifically, on PMDT.

In Q1 APA1, CTB has provided technical support for the urgent restoration of non-functional GeneXpert machines in addition to calibration and routine maintenance. Furthermore, to increase number of DR-TB suspects, CTB has contributed to the development of a history taking tool. In view of budget cuts by the GFATM, BRAC has modified its plan to provide nation-wide social support to DR TB patient & DOT provider and requested CTB to take on the responsibility for 19 districts and 4 City Corporations, which has been effective from July 2015. Through mHealth, CTB contributes to quality care for DR-TB patients. CTB field staff are regularly involved in monitoring DOT providers and providing assistance to patients particularly in the management of ADRs. Placement of Medical Officer and MIS assistant from CTB at NIDCH, the leading DR-TB initiation site of the country, will enhance the quality of care and improve recording and reporting for DR-TB. Implementation of the national TB activities has been jeopardized due to decreased staffing following GF budget cuts. CTB field staff have responded to these gaps by intensifying their activities to overcome the situation, particularly in recording and reporting.

In October, 2015, CTB participated in a meeting at NTP, with a Global Fund Team visiting Bangladesh under the leadership of Richard Cunliffe, Fund Portfolio Manager, and High Impact Asia Department to discuss re-programming of grants. The contribution of CTB to routine and emergency maintenance support for 39 GeneXpert machines was acknowledged at the meeting. In the near future, thirty new machines will be procured by GF and maintenance will also be provided by them.

4. Success Stories – Planning and Development

Planned success story title:	Taking off from the bogged down: a tale of success in improving GeneXpert maintenance
Sub-objective of story:	2. Comprehensive, high quality diagnostics
Intervention area of story:	2.4. Access, operation and utilization of rapid diagnostics (i.e. Xpert) ensured for priority populations
Brief description of story idea:	<p>In the beginning of 2012, the first GeneXpert MTB/RIF machines were introduced in Bangladesh to improve TB and DR-TB diagnosis. Prior to the use of GeneXpert machines, standard cultures could take 2 to 6 weeks for TB Bacteria to grow. Conventional drug resistance tests can add 3 more weeks to this. With the use of the GeneXpert machines, a diagnosis of TB and/or drug resistant (single or multiple) TB is done in less than 2 hours. The number of centers where GeneXpert tests could be performed quickly expanded to 38 sites to-date. Following this, the NTP included GeneXpert in the diagnostic algorithm as a key diagnostic procedure for people presumptive for DR-TB.</p> <p>In July 2015, an initial assessment of GeneXpert machines was conducted by the project due to the reported large number of non-functional machines on the ground. It became apparent that this was mostly due to poor implementation of a maintenance program, poor documentation, coordination and infrequent communication with Cepheid. Further assessments done in October 2015 revealed that 25% (10 out of 39) of the GeneXpert machines were non-functional. Presumptive DR-TB patients were sent back home from test centers without GeneXpert tests being performed and the corresponding number of tests dropped.</p> <p>The following statement of Dr. Md. Mozammel Haque, Line Director, MBDC TB-Leprosy, DGHS properly depicted the landscape at that time: <i>“The maintenance system is almost broken. The MDR-TB case detection dropped unexpectedly at National Level. We request CTB to provide support to operationalize the non-functional machines.”</i></p> <p>Immediately responding to the request of the NTP, Challenge TB started activities in the midst of unprecedented challenges. The Challenge TB Laboratory Advisor, together with Cepheid local representative and the NTP focal person, made extensive field visits to the most remote parts of Bangladesh and worked round the clock throughout the quarter. During these field visits it was validated that maintenance of the GeneXpert machines was weakly coordinated, documented and that the GeneXpert operators had very limited knowledge on basic maintenance (daily/monthly/annually). As a result, some GeneXpert machines had been non-functional for more than a year.</p> <p>To address this situation, the CTB Laboratory Advisor also provided on-site orientation on basic maintenance of GeneXpert machines for the staff of 8 GeneXpert centers. Also, CTB sensitized national and local key authorities on the importance of regular and timely maintenance of these machines. As of December 31, 2015, the total number of functional machines has increased from 29 to 36. . At beginning of Q1, 43 modules were non-functioning of which 14 modules (33%) have been replaced. Six GeneXpert machines have been calibrated properly and 18 more machines are still pending calibration. . CTB has already procured and supplied 36 calibration kits to the NTP and has placed orders for warranty for nine GeneXpert machines. Nationwide in Q4 (July September’ 2015) of APA1, the total number of presumptive DR-TB cases tested by GeneXpert was 8,162; of these, 3,347 were MTB and 199 were RR TB cases were detected. In Q1 of APA 2 (Oct – Dec 2015), the total number of presumptive DR-TB cases tested by GeneXpert was 11,216; of these, 4,012 were MTB and 215 were RR TB cases which means that 37% increase in presumptive DR TB case test, 20% increase in MTB detection and 8% increase in RR TB detection. Comparing both</p>

quarter data it is clear that the recent improvement in GeneXpert maintenance and functionality has significantly increased finding of TB cases, including RR TB.

The technical support from Challenge TB continues to pay off. The development of GeneXpert maintenance has also created overwhelming enthusiasm among the NTP, partners and the community. In the upcoming period, CTB will continue to orient more GeneXpert operators on basic maintenance tasks and will coordinate these efforts. CTB Lab Advisor and one NTP staff have been registered to join a training course in Cepheid headquarter in February, 2016.



Fig-11: Conducting GeneXpert maintenance through engaging Cepheid's local agency

Status update:

5. Quarterly reporting on key mandatory indicators

Table 5.1 MDR-TB cases detected and initiating second line treatment in country (national data)

Quarter	Number of MDR-TB cases detected	Number of MDR-TB cases put on treatment	Comments:
Total 2010	480	337	<ul style="list-style-type: none"> - In Q1 APA2, as in some previous quarters, cases put on treatment are more than detected because this number includes some cases identified in the previous quarter. - It is observed that MDR cases is less in 2015 than 2014. To address this, CTB assisted the NTP in the following: <ol style="list-style-type: none"> 1. As of December, 2015, restored the functionality of 7 GeneXpert machines within the quarter. 2. The NTP adopted a new policy to send sputum samples of all smear Positive cases to GeneXpert sites. As a part of the policy 4 districts have been selected to implement the policy as pilot basis. 3. Providing for courier service to send sputum samples to diagnostic sites. 4. The issuance of a circular by the NTP to utilize nearby Xpert sites if one is found nonfunctional. 5. Organize a sensitization workshop in Chittagong Division in Q2 where all district managers and partners will be invited to sensitize them on the need to increase referral of presumptive DR TB cases to the diagnostic sites. 6. Providing airtime to GeneXpert sites for immediate feedback of results to patients and the referring provider.
Total 2011	612	390	
Total 2012	701	505	
Total 2013	807	684	
Total 2014	994	945	
Jan-Mar 2015	237	229	
Apr-Jun 2015	230	244	
Jul-Sep 2015	199	196	
Oct-Dec 2015	215	217	
Total 2015	881	886	

Table 5.2 Number and percent of cases notified by setting (i.e. private sector, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach (CI/ACF/ICF)

		Reporting period					Comments
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016	Cumulative Year 2	
Overall CTB geographic areas	TB cases (all forms) notified per CTB geographic area <i>(List each CTB area below - i.e. Province name)</i>						<p>NTP collects quarterly data the following month after each quarter is completed. Compilation and analysis takes another month. Oct-Dec' 15 data is not available as of yet. This may be available in Feb' 16. Available data is of the previous quarter (July-Sep' 15) data.</p> <p>7,356 TB cases notified (all forms) in CTB area by SUB-GRANTEES through ACF and contact tracing in Jul – Sep' 2015.</p> <p>7,666 TB cases notified (all forms) in CTB area – from SUB-GRANTEES through ACF and contact tracing in Oct – Dec' 2015.</p>
	National						
	TB cases (all forms) notified for all CTB areas						
	All TB cases (all forms) notified nationwide (denominator)	51,242 (July – Sep' 15)					
% of national cases notified in CTB geographic areas		14%					
Intervention (setting/population/approach)							
Contact investigations	CTB geographic focus for this intervention	National					Only for children under 5 NTP data for Oct-Dec'15 not available. 146 is CTB area data of Oct – Dec'
	TB cases (all forms) notified from this intervention	146					
	All TB cases notified in this CTB area (denominator)	357					

	% of cases notified from this intervention	41%					2015.
Active case finding (ACF) (e.g. case finding among key populations in the community)	CTB geographic focus for this intervention	National					NTP data for Oct-Dec'15 not available. This is CTB area data of Oct – Dec' 2015
	TB cases (all forms) notified from this intervention	852					
	All TB cases notified in this CTB area (denominator)	8,161					
	% of cases notified from this intervention	10%					
Reported by private providers (i.e. non-governmental facilities)	CTB geographic focus for this intervention	National					NTP data for Oct-Dec'15 not available. This is CTB area data of Oct – Dec' 2015
	TB cases (all forms) notified from this intervention	644					
	All TB cases notified in this CTB area (denominator)	8,161					
	% of cases notified from this intervention	8%					

6. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (# of days)	Additional Remarks (Optional)
			Q1	Q2	Q3	Q4					
1	MSH	Reid Hamel	X				1. Assess existing CTB Bangladesh M&E system; collect and consolidate M&E data from APA1. 2. Assist in building a CTB Bangladesh data collection and management system and tools to support project implementation. 3. Assist in the recruitment and selection of a new M&E Advisor.	Complete	Nov 6, 2015	15 days	Arlington, US – Dhaka, Bangladesh – Arlington, US
2	MSH	Chris Welch		X			To include 'Formation of budget mobilization (caucus) group including a parliament members' and to have meeting with this group			17 days	
3	MSH	Chris Welch				X	Supervision & support			21 days	
4	MSH	Nana SangBender				X	Supervision & support			14 days	
5	MSH	Dan Brame			X		Operations strengthening			7 days	
6	MSH	Ummuro Adano	X				Revision of the HRD Plan	Pending		14 days	Move to Q2 due to security reason
7	MSH	Alaine Nyaruhirira		X			Focus on strengthening and improving the monitoring of the performance of GX machines through the development of an SOP			17 days	

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (# of days)	Additional Remarks (Optional)
			Q1	Q2	Q3	Q4					
							incorporating indicators (GX performance) and a Checklist				
8	MSH	Kausari Jahan	X				1. Attend the Union Conference in South Africa. 2. Participate in MSH Global Team Meeting.	Complete	Dec 8, 2015	8 days	Dhaka, Bangladesh – Cape Town, South Africa – Dhaka, Bangladesh
9	NTP	Md. Mozammel Haque	X				1. Attend the Union Conference in South Africa.	Complete	Dec 7, 2015	6 days	Dhaka, Bangladesh – Cape Town, South Africa – Dhaka, Bangladesh (arrived Cape Town Dec 2, 2016)
10	NTP	Md. Jahangir Sarker	X				1. Attend the Union Conference in South Africa.	Complete	Dec 7, 2015	7 days	Dhaka, Bangladesh – Cape Town, South Africa – Dhaka, Bangladesh
11	MSH	Andre Daniel Villanueva	X				1. Attend the Union Conference in South Africa. 2. Participate in MSH Global Team Meeting. 3. Apply for re-entry visa to Bangladesh in the Philippines.	Complete	Dec 21, 2015	21 days	Dhaka, Bangladesh – Cape Town, South Africa – Manila, Philippines – Dhaka, Bangladesh
12	MSH	Navindra Persaud			X		M&E Performance Management Evaluation			14 days	
13	MSH	Qader, Ghulam	X				Urban DOTS	Pending		6 days	Move to Q2 due to security reason
14	MSH	Hamim, Azizullah		X			Urban DOTS			10 days	
15	MSH	Sarder Tanzir Hossain	X				CEPHEID Training on GeneXpert maintenance and repair	Pending		4 days	Move to Q2 due to Cephid training schedule

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (# of days)	Additional Remarks (Optional)
			Q1	Q2	Q3	Q4					
16	NTP	Dr. Pronob Kumar Modak (Lab focal point person, NTP)	X				CEPHEID Training maintenance and repair	Pending		4 days	Move to Q2 Cephid training schedule
17	KNCV	Marleen Heus		X			PPM /IC Curriculum-			23 days	
18		TBD (potentially Initiatives, Inc.)		X			PPM			14 days	
19	KNCV	Netty Kamp		X			Active case finding urban slum/Prisons ACSM strategy/IEC development			23 days	
20	KNCV	Marleen Heus		X			training curriculum on use of patient centred IEC package for TB HCWS			18 days	
21	KNCV	Valentina Anisimova			X		HRD plan/Lab assessment network			16 days	
22	KNCV	Valentina Anisimova		X			Accreditation of TB microscopy laboratories			15 days	
23	KNCV	TBD (KNCV Laboratory Consultant)			X		Accreditation of NTRL and RTRLs			15 days	
24	KNCV	Susan van den Hof		X			9-month regimen			14 days	
25	KNCV	Susan van den Hof		X			To Conduct Operational Research Workshop			14 days	
26	KNCV	Netty Kamp				X	APA3 development			16 days	
27	KNCV	Asif Mujtaba Mahmud	X				1. Review progress and challenges towards achievements of TB related MDG targets. 2. Discuss adaptation and implementation of End TB strategy in the context of	Complete	Oct 30, 2015	5 days	Dhaka, Bangladesh – Colombo, Sri Lanka – Dhaka, Bangladesh

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (# of days)	Additional Remarks (Optional)
			Q1	Q2	Q3	Q4					
							South East Asia region. 3. Discuss mechanisms on achieving universal access to high quality care for all people with TB.				
28	MSH	Andre Daniel Villanueva	X				1. Apply for re-entry visa to Bangladesh. 2. Apply for visa to South Africa to attend the Union Conference.	Complete	Oct 24, 2015	15 days	Dhaka, Bangladesh – Manila, Philippines – Dhaka, Bangladesh
Total number of visits conducted (cumulative for fiscal year)								7			
Total number of visits planned in approved work plan								28			
Percent of planned international consultant visits conducted								25% annual trips / 64% (7 out of 11) of planned Q1 trips			

7. Quarterly Indicator Reporting

Sub-objective:	1. Enabling Environment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	Year 2 Target	Results to date (source)	Comments
Number and percent of cases notified by setting and/or case finding approach	Total number (NTP)	Quarterly and annually	National : 191,166 (2014) Source : NTP	210,500	51,242 (NTP)	NTP data is usually available after 2 months of each quarter end. So Q1 data is expected to be available in late February 2016 or early March 2016. 51,242 is July – September' 2015 NTP data.

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	Year 2 Target	Results to date (source)	Comments
A. Mission Indicators						
Number and percent of laboratories showing adequate performance in external quality assurance for smear microscopy	Number	Quarterly and annually	1,038 (2014)	1,048	1,042 (NTP 2014 data)	NTP data is usually available after 2 months of each quarter end. So Q1 data is expected to be available in late February 2016 or early March 2016.
	Percentage	Quarterly and annually	94% (2014)	95%	94% (NTP 2014 data)	NTP data is usually available after 2 months of each quarter end. So Q1 data is expected to be available in late February 2016 or early March 2016..
Number and percent of laboratories enrolled in EQA for culture/DST	Number	Annually	1 (2014)	3		Data collected Annually.
	Percentage	Annually	33% (2014)	100%		Data collected Annually.
Percent of confirmed	New Cases	Quarterly	2.8% (2014)	5%	Year -1 data is not available as	NTP data is usually available after 2

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	Year 2 Target	Results to date (source)	Comments
TB cases who undergo DST and receive their results					there was no target for this indicator. It will be measured from Years 2 -5.	month of each quarter end. So Q1 data is expected to be available in late February 2016 or early March 2016.
	Previous Cases	Quarterly	8% (2014)	60%	Year -1 data is not available as there was no target for this indicator. It will be measured from Years 2 -5.	
	All Cases	Quarterly	3% (2014)	9.4%	Year -1 data is not available as there was no target for this indicator. It will be measured from Years 2 -5.	

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	Year 2 Target	Results to date (source)	Comments
A. Mission Indicators:						
Case notification rate	NA	Annually	122 (2014)	131	122 (NTP 2014 annual data-published) 130.20 (NTP 2015 annual unpublished data)	Data collected Annually.
Number of MDR-TB cases detected	NA	Quarterly and Annually	994 (2014)	1,900	215 (CTB Q1 data)	This is CTB project data of Oct – Dec' 2015. National data of this period is not yet available.
Percent of TB cases (all forms) diagnosed among children (0-14)	NA	Annually	2.9% (2014)	3%		Data collected Annually. 3.8% (7,708) (Oct'2014 – Sep' 2015 data), project accomplishment of year-1.
Percent of TB cases successfully treated (all	Percent	Quarterly and	94% (2014)	94%	94% Source: NTP, 2014 Cohort (July	NTP data is usually available after 2 months of each quarter end. So Q1

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	Year 2 Target	Results to date (source)	Comments
forms)		Annually			- September)	data is expected to be available in late February 2016 or early March 2016.
Number of MDR-TB cases initiating second-line treatment	Number	Quarter/ Annual	945 (2014)	1,900	217 (CTB Project data Oct – Dec' 2015)	National data of this period is not yet available. Cases put on treatment are more than detected because this number includes some cases identified in the previous quarter.
Percent of MDR-TB cases successfully treated	Percent	Annually	73% (2014)	73%		Data collected Annually.
Number of extra-pulmonary TB cases detected	Number	Annually	37,712 (2014)	46,400	37, 406 (NTP 2014 data)	

Sub-objective:	4. Targeted screening for active TB					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	Year 2 Target	Results to date (source)	Comments
A. Mission Indicators:						
Number and percent of children (under 5) who are contacts of bacteriologically-confirmed TB cases that are screened for TB	Number	Quarter/ Annual	0 (2014)	5,850	1,439 (CTB Data Oct-Dec'15)	Only through CTB Sub-grantees. National data of this period is not yet available.
	Percent (of all identified child contacts)	Annually	0% (2014)	100%	90%	Data collected Annually.

Sub-objective:	5. Infection control					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	Year 2 Target	Results to date (source)	Comments
A. Mission Indicators:						
Number and percent of health facilities implementing TB IC measures with Challenge TB support (PMDT services)	# implementing PMDT services	Quarterly and Annually	0 (2014)	4	0	Project initiated TB IC interventions to be initiated in Q2.
	% implementing PMDT services	Annually	0% (2014)	67%	0	Data collected Annually.

Sub-objective:	6. Management of latent TB infection					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	Year 2 Target	Results to date (source)	Comments
A. Mission Indicators:						
Number of children under the age of 5 years who initiate IPT	NA	Quarter/ Annual	3,848 (2014)	4,500	1,336 (CTB Data Oct-Dec'15)	Only through CTB Sub-grantees. National data of this period is not yet available.

Sub-objective:	7. Political commitment and leadership					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	Year 2 Target	Results to date (source)	Comments
A. Mission Indicators:						
Percent of NTP budget financed by domestic resources	NA	Annually	4.9% (2014)	13%		Data collected Annually.

Sub-objective:	11. Human resource development					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	Year 2 Target	Results to date (source)	Comments
A. Mission Indicator:						
Number of health care workers trained	Male	Quarter/annual	0 (2014)	4,200	939 (CTB Data Oct-Dec'15)	Training sessions will be accelerated in Q2 to catch-up with trainings originally scheduled in Q1 but were held-off due to security reasons and availability of stakeholders.
	Female	Quarter/annual	0 (2014)	2,800	74 (CTB Data Oct-Dec'15)	
	Total	Quarter/annual	0 (2014)	7,000	1013 (CTB Data Oct-Dec'15)	
Private providers trained in TB screening, identification, and referral including both graduate and non-graduate	NA	Quarter/annual	0 (2014)	2,800	896 (CTB Data Oct-Dec'15)	Most of the activities are not performed by the sub-grants due to fund scarcity

Annex -1: List of Prioritized Research Topic approved by NTP

Sl. No.	Titles of Research
01	Assess the quality of microscopy in routine practice
02	Assess the utilization of Xpert under NTP
03	Quality assessment of DOTS
04	Evaluation of status of DR-TB MIS under NTP
05	Role of contact tracing in improving the child TB case detection
06	Role/effect of ISTC on notification by the private sector and public sector
07	Identify the mechanisms for ensuring TB case notification by private providers and Non-NTP public sector
08	Identify the mechanisms for reaching the risk groups for ACF
09	Assess the TB burden among HCW at highest risk for contact with TB patients

Annex-2: Performance of Sub-Grantees During Oct-Dec' 2015

Sub-grants to Local NGOs (LNGOs) for community case finding activities

The project awarded 8 sub-grants to local NGOs (6), one trust deed organization (CWCH) and one professional body (Bangladesh Pediatric Association). The NGOs are implementing their 'community based active case finding' activities particularly in urban slums, hard to reach areas and among targeted populations. .

The table below shows the case identification by these NGOs in their current reporting period (Oct'15- Dec'15) in their respective project areas.

Table: Case Notification by Sub-grantees in reporting quarter

Name of Sub-Grantees	Case Notification by Sub-Grantees				
	Bacteriologically Positive (Smear +ve)	Clinically Diagnosed (Smear -ve)	EPTB	Total	Child TB (referral and contact tracing)
RDRS	258	161	111	530	35
LAMB	148	90	32	270	9
Damien Foundation	3,089	897	1,563	5,549	218
Nari Maitree	120	50	90	260	44
Heed Bangladesh	418	159	65	642	36
BADAS (among TB-DM)	281	74	45	400	
CWCH (among Children)	2	5 (Including 1 DR TB)	8	15	15
BPA	N/A	N/A	N/A	N/A	N/A
Total	4,316	1,436	1,914	7,666	357

BADAS is working on TB-DM. They screened a total of 250,799 diabetic patients and tested 3,228 presumptive patients for TB. Out of them, 400 have been identified as TB patients (281 bacteriologically confirmed, 74 clinically diagnosed and 45 EP TB cases). Activities of CWCH are focused on Childhood TB in Tangail area.

Out of 7,666 notified TB cases, total 357 were child TB cases. And in this reporting quarter IPT has been started among 1,336 children under 5 years of age.